

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address SANDRA GUALDALUPE SERNA 9637 Park Street Bellflower, CA 90706 Tel: (562) 315-6599		FOR COURT USE ONLY <div style="border: 1px solid black; padding: 5px; text-align: center;">FILED APR 28 2017 <small>CLERK U.S. BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA BY: Deputy Clerk</small></div>	
<input type="checkbox"/> Debtor(s) appearing without an attorney <input type="checkbox"/> Attorney for Debtor(s)			
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION			
In re: SANDRA GUADALUPE SERNA Debtor(s).		CASE NO.: 2:17-bk-10266-ER CHAPTER: 7	
		DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE [11 U.S.C. § 521(a)(1)(B)(iv)]	
		[No hearing required]	

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

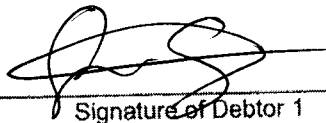
- ☒ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (*If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.*)

- ☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 04/24/2017

SANDRA GUADALUPE SERNA
Printed name of Debtor 1

X


Signature of Debtor 1

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☐ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60 day period. *(If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)*
- ☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: _____ Printed name of Debtor 2 _____ Signature of Debtor 2 _____

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

ISSUE DATE: 02/27/17

Please contact your local San Diego IHSS county office for PAYMENT questions.

Recipient	SERNA ANTONIO			ID# 1120672
Payee/Provider	SERNA SANDRA G			ID# 002055944
Service Period: 02/01/17 to 02/15/17			Timesheet # 4015943111	30 05
Process Date: 02/22/17			Deductions	Current YTD
Pay Rate: \$ 10.50			Federal	20.16 70.10
Hours Submitted	H 028	M 20	Addt Federal	.00 .00
Hours Not Paid	H 000	M 00	State	.00 .00
Total Hours Paid	H 028	M 20	Addt State	.00 .00
Travel Hours	H 000	M 00	FICA	18.44 67.24
Overtime Hours	H 000	M 00	Medicare	4.32 15.73
			SDI/DIEC	2.68 9.76
			Share of Cost	.00 .00
			Recovery	.00 .00
			Lien	.00 .00
			Health	.00 .00
			Dues	.00 43.60
			Health Trust	.00 .00
			COPE/PEOPLE	.00 .00
			Initiation	.00 .00
			Other Insurance	.00 .00
Current YTD				
Regular *	297.50	1084.52		
Adjustment	.00	.00		
Travel	.00	.00		
Overtime	.00	.00		
Total Gross	297.50	1084.52		
Net Pay	251.90	878.09	Total Deductions	45.60 206.43

* Includes Overtime Hours at regular rate.

Please contact your local IHSS county office for PAYMENT questions.

* Includes Overtime Hours at regular rate.

ISSUE DATE: 04/06/17

Please contact your local IHSS county office for PAYMENT questions.

Recipient	SERNA ANTONIO		ID# 1120672
Payee/Provider	SERNA SANDRA G		ID# 002055944
Service Period: 03/16/17 to 03/31/17		Timesheet #	4017646977 30 05
Process Date: 04/03/17		Deductions	Current YTD
Pay Rate: \$ 10.50		Federal	30.66 167.61
Hours Submitted	H 038 M 20	Addt Federal	.00 .00
Hours Not Paid	H 000 M 00	State	.00 .00
Total Hours Paid	H 038 M 20	Addt State	.00 .00
Travel Hours	H 000 M 00	FICA	24.95 143.62
Overtime Hours	H 000 M 00	Medicare	5.84 33.59
		SDI/DIEC	3.62 20.85
		Share of Cost	.00 .00
		Recovery	.00 .00
		Lien	.00 .00
		Health	.00 .00
		Dues	21.80 81.30
		Health Trust	.00 .00
		COPE/PEOPLE	.00 .00
		Initiation	.00 .00
		Other Insurance	.00 .00
Current YTD		Total Deductions	86.87 446.97
Regular *	402.50 2316.52		
Adjustment	.00 .00		
Travel	.00 .00		
Overtime	.00 .00		
Total Gross	402.50 2316.52		
Net Pay	315.63 1869.55		

* Includes Overtime Hours at regular rate.

ISSUE DATE: 04/21/17

Please contact your local IHSS county office for PAYMENT questions.

Recipient	SERNA ANTONIO		ID# 1120672
Payee/Provider	SERNA SANDRA G		ID# 002055944
Service Period: 04/01/17 to 04/15/17		Timesheet #	4018363323 30 05
Process Date: 04/18/17		Deductions	Current YTD
Pay Rate: \$ 10.50		Federal	30.66 198.27
Hours Submitted	H 038 M 20	Addt Federal	.00 .00
Hours Not Paid	H 000 M 00	State	.00 .00
Total Hours Paid	H 038 M 20	Addt State	.00 .00
Travel Hours	H 000 M 00	FICA	24.96 168.58
Overtime Hours	H 000 M 00	Medicare	5.84 39.43
		SDI/DIEC	3.62 24.47
		Share of Cost	.00 .00
		Recovery	.00 .00
		Lien	.00 .00
		Health	.00 .00
		Dues	.00 81.30
		Health Trust	.00 .00
		COPE/PEOPLE	.00 .00
		Initiation	.00 .00
		Other Insurance	.00 .00
		Total Deductions	65.08 512.05
Current YTD			
Regular *	402.50 2719.02		
Adjustment	.00 .00		
Travel	.00 .00		
Overtime	.00 .00		
Total Gross	402.50 2719.02		
Net Pay	337.42 2206.97		

* Includes Overtime Hours at regular rate.

PERSONAL AND CHECK INFORMATION

SANDRA SERNA
9637 PARK ST.
BELLFLOWER, CA 90706

Soc Sec #: XXX-XX-XXXX Employee ID: 53040

Hire Date: 01/01/13

Status: TP

Filing Status:

Federal: Single, 0

State: CA, Single, 0

Div/Br/Dept: 2/RESPIT/18

Pay Period: 02/01/17 to 02/15/17

Check Date: 02/23/17 Check #: Direct Deposit

TIME OFF (Based On Policy Year)

DESCRIPTION	AVAILABLE	USED	
CA SICK	16.967	0.000	HOURS

NET PAY ALLOCATIONS

DESCRIPTION	CURRENT (\$)	YTD (\$)
CHECKING NET - 6808	383.89	735.70
Net Pay	383.89	735.70

DESCRIPTION	HRS/ UNITS	RATE	CURRENT (\$)	YTD HRS/ UNITS	YTD (\$)
HOURLY REGULAR	35.00	13.1300	459.55	67.00	879.71
HOURS WORKED	35.00			67.00	
ADJ EARNINGS			459.55		879.71
GROSS EARNINGS	35.00		459.55	67.00	879.71

DESCRIPTION	CURRENT (\$)	YTD (\$)
WITHHOLDINGS		
FEDERAL W/H	36.37	68.80
OASDI	28.49	54.54
MEDICARE	6.66	12.75
STATE SDI CA	4.14	7.92
TOTAL	75.66	144.01

NET PAY

CURRENT (\$)

YTD (\$)

383.89

735.70

Payrolls by Paychex, Inc.

0483-C433 PREMIER HEALTHCARE SERVICES LL ■ 815 E COLORADO BLVD SUITE 400 ■ LOS ANGELES, CA 90041 ■

PERSONAL AND CHECK INFORMATION
Case 2:17-bk-10266-ER
SANDRA SERNA
9637 PARK ST.
BELLFLOWER, CA 90706

Soc Sec #: XXX-XX-XXXX **Employee ID:** 53040
Hire Date: 01/01/13
Status: TP
Filing Status:
Federal: Single, 0
State: CA, Single, 0
Div/Br/Dept: 2/RESPIT/18

Pay Period: 03/01/17 to 03/15/17
Check Date: 03/23/17 **Check #:** Direct Deposit
TIME OFF (Based On Policy Year)

DESCRIPTION	AVAILABLE	USED
CA SICK	17.767	0.000 HOURS

NET PAY ALLOCATIONS

DESCRIPTION	CURRENT (\$)	YTD (\$)
CHECKING NET - 6808	266.24	1001.94
Net Pay	266.24	1001.94

EARNINGS

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DESCRIPTION	HRS	RATE	CURRENT (\$)	YTD HRS/ UNITS	YTD (\$)
HOURLY REGULAR	24.00	13.1300	315.12	91.00	1194.83
HOURS WORKED	24.00			91.00	
ADJ EARNINGS			315.12		1194.83
GROSS EARNINGS	24.00		315.12	91.00	1194.83

WITHHOLDINGS

DESCRIPTION	CURRENT (\$)	YTD (\$)
FEDERAL W/H	21.93	90.73
OASDI	19.54	74.08
MEDICARE	4.57	17.32
STATE SDI CA	2.84	10.76
TOTAL	48.88	192.89

NET PAY

CURRENT (\$)	YTD (\$)
266.24	1001.94

Payrolls by Paychex, Inc.

0483-C433 PREMIER HEALTHCARE SERVICES LL ■ 815 E COLORADO BLVD SUITE 400 ■ LOS ANGELES, CA 90041 ■

^A
Employers Name
Monthly Income

PERSONAL AND CHECK INFORMATION

SANDRA SERNA
9637 PARK ST.
BELLFLOWER, CA 90706

Soc Sec #: XXX-XX-XXXX Employee ID: 53040

Hire Date: 01/01/13

Status: TP

Filing Status:

Federal: Single, 0

State: CA, Single, 0

Div/Br/Dept: 2/RESPIT/18

Pay Period: 04/01/17 to 04/15/17

Check Date: 04/24/17 Check #: Direct Deposit

TIME OFF (Based On Policy Year)

DESCRIPTION	AVAILABLE	USED
CA SICK	18.567	0.000 HOURS

NET PAY ALLOCATIONS

DESCRIPTION	CURRENT (\$)	YTD (\$)
CHECKING NET - 6808	266.24	1268.18
Net Pay	266.24	1268.18

EARNINGS

DESCRIPTION	HRS/ UNITS	RATE	CURRENT (\$)	YTD HRS/ UNITS	YTD (\$)
HOURLY REGULAR	24.00	13.1300	315.12	115.00	1509.95
HOURS WORKED	24.00			115.00	
ADJ EARNINGS			315.12		1509.95
GROSS EARNINGS	24.00		315.12	115.00	1509.95

WITHHOLDINGS

DESCRIPTION	CURRENT (\$)	YTD (\$)
FEDERAL W/H	21.93	112.66
OASDI	19.54	93.62
MEDICARE	4.57	21.89
STATE SDI CA	2.84	13.60
TOTAL	48.88	241.77

NET PAY

CURRENT (\$)	YTD (\$)
266.24	1268.18

Payrolls by Paychex, Inc.

0483-C433 PREMIER HEALTHCARE SERVICES LL ■ 815 E COLORADO BLVD SUITE 400 ■ LOS ANGELES, CA 90041 ■